

Testimony of David Mulvey MSW to the
Joint Senate and Assembly Committee on Human Services and
Assembly Committee on Human Services

Oversight of California's Regional Centers:
Ensuring integrity, transparency, and best practices in a challenging
fiscal environment

My name is David Mulvey I have been a Service Coordinator at Tri-Counties Regional Center for the past 31 years. I also chair the SEIU CA committee on Developmental Disabilities representing 11 of the 21 Regional Centers and a number of provider agencies. I would like to thank the Senators, Assembly Members and staff for you time today in considering these important issues. In my comments today I would like to address several recommendations from the Bureau of State Audits Report.

The report recommended:

“Require the regional centers to document the basis of any IPP-related vendor selection and specify which comparable vendors (when available) were evaluated.”

The evaluation as to whether or not services are ‘comparable’ depends on the information the Service Coordinator and members of the planning meeting have on the services involved and their ability to provide the supports needed by the individual receiving services. As an example we have two Behavioral DTAC program in Atascadero, the small town where I work. One serves primarily verbal, higher functioning individual and the other serves primarily lower functioning individuals with limited language skills. For some individuals I support who are somewhere in the middle of that range the programs are comparable for others they are not. I have provided the committee with a public (Names and identifying information have been changed) copy of an IPP to illustrate the type of information that goes into that process.

As a Service Coordinator it is my responsibility to provide the members of the IPP planning team with the information they need to make the best possible choice of services among those services that current law makes available to the individual receiving services. It is the strong preference of my self and other Service Coordinators I have spoken with to offer an individual and his or her family multiple service providers that they can choose among. Unfortunately except in the case of residential providers under the ARM (Alternative Rate Model) where there are standardized rates, the current regulation that requires use of the least costly vendor if applied rigidly could eliminate all but one vendor as a choice. So this would no longer becomes a process of choice but one of determining which single vendor that has the lowest cost and has the capacity and

ability to provide the services needed by the individual receiving Regional Center services.

Expecting Service Coordinators to be able to document all the elements that form the basis for making that decision, is unrealistic, particularly in view of the much higher caseloads that have resulted from the legislature's decision to cut operations funding and abandon any meaningful caseload standards. Any documentation added to the IPP or other Regional Center documents to meet such a requirement would likely be formulaic and meaningless.

I urge members of this committee to work with DDS and Regional Centers to establish a process of creating geographically specific rates for all vendors of a particular type of services that reflect the cost of delivering specific services in a specific geographic area. Having locally standardized rates would address most of the questions on rate setting addressed by this report and restore choice to the process.

I understand that at times vendors have the perception that Regional Centers are unfairly directing individuals who use services to other providers. Not long ago I was told by provider staff that the feeling at her agency was that TCRC played favorites and did not like her agency. I pointed out that 4 of the last 5 referrals went to her agency. She wanted to know why they did not get the 5th. Perception of favoritism I believe are largely based on not being privy to the information shared by those on the IPP planning team (this is HIIPPA protected confidential information) coupled with an understandable perception that they are always the best choice. Feelings of favoritism are exacerbated by pressure placed on vendors by the recent reductions in already inadequate funding that creates a situation where a very small number of vacancies can lead to financial ruin.

- **I urge the committee members to reject the recommendation to Require the regional centers to document the basis of any IPP-related vendor selection and specify which comparable vendors (when available) were evaluated.**

The report also recommended:

“Developmental Services should require regional centers to adopt a written procurement process that:

Specifies the situations and dollar thresholds for which contracts, requests for proposals, and evaluation of competing proposals will be implemented.

When applicable, requires the regional centers to notify the vendor community of contracting opportunities and to document the competitive evaluation of vendor proposals, including the reasons for the final vendor-selection decision.”

I support a transparent and ethical process for rate setting. My Regional Center has worked diligently toward that end. The current problems with this process however, I believe, are in large part a result of using a 30 year old core staffing formula to fund Regional Center positions. As an example, the staff who are largely responsible for day to day fiscal operations at the Regional Center are accountants. The current core staffing formula calls for funding accounting positions at the Regional Centers at \$18,397 per year per position. This is less than half of what the state allocates for state employed accountants. Regional Centers are forced to choose between hiring only half the number of accounting staff the core staff formula believes they need to taking funds from Service Coordination and other vital Regional Center functions. Regional Centers can only provide quality fiscal controls if the legislature funds them to do so. I would like to encourage the committee to reexamine the 1999 State Auditor's report and the 1999 report by Citygates Associates commissioned by the legislature along with ARCA's response to that study to learn more about the problems created by the current operations funding formula. I urge this committee to insure that the additional costs of implementing any or all of these recommendations are considered and funded.

- **I support the implementation of this recommendation only if the legislature funds the additional workload created at DDS and the Regional Centers**

Finally I would like to address the reports' recommendations regarding the DDS policy on whistle blower complaints. The Bureau of State Audits report recommended:

"To ensure that appropriate action is taken in response to allegations submitted by regional center employees, Developmental Services should centrally log these allegations and track follow-up actions and the ultimate resolution of allegations, as required by its new procedures."

The bureau of state audits stated *"Responses to a survey we conducted of regional center employees of locations we visited indicated that half of the roughly 400 employees who responded do not feel safe reporting suspected improprieties to their management"*

While I am in agreement with the recommendation I am concerned about the assumptions that the report appears to draw from a poorly constructed and unscientific survey. The audit use of a self-selected group of survey respondents call into question the meaning if any that can be ascribed to the results.

That being said I do agree that ethical behavior in managing the public's money and supporting individuals with Developmental Disabilities is essential. At TCRC we have developed and adopted a code of ethics for our agency. We have set up two standing committees to promote ethical behavior. One committee, composed of TCRC line and management staff, address internal ethics issues. Another composed of TCRC, vendor and other stakeholder representatives address external ethical issues. I have submitted copies of documents describing these committees for your review.

With respect to implementation of the DDS Whistleblower policy I would like to make the following suggestions:

The policy should insure that Regional Center employees are aware of policy regularly notifying Regional Staff of both the DDS policy and what I understand are related contractual obligations being added to Regional Center Contracts.

I support the recommendation regarding follow up. It is my hope that there is some type of public access to the complaint log described in the recommendation. In addition I would hope that policy would require that individuals submitting a complaint, who identify themselves and provide contact information, be notified that their complaint was received and when it is considered resolved. This would allow an individual who made a complaint to determine weather or not to take further steps or provide additional detail if the complaint is considered resolved but the situation in question continues.

It is my expectation that the final policy will specify a vigorous response to complaints of reprisal.

I believe the current policy is unnecessarily vague about circumstances where the confidentiality of the person making the complaint can be superseded and would like to see more specificity in this section.

I suggest that the policy identify specific points of contact to make a complaint via phone, mail and e-mail, without limiting submission of complaints to those contact points.

I recommend the committee adopt the reports recommendation regarding the DDS whistle blower policy with the following additions:

- **Provide public access to the complaint log.**
- **Individuals submitting a complaint, who identify themselves and provide contact information, be notified that their complaint was received and when it is considered resolved.**
- **The final policy adopted by DDS will details a vigorous response to complaints of reprisal.**
- **The final policy adopted by DDS will identify specific points of contact to make a complaint via phone, mail and e-mail, without limiting submission of complaints to those contact points.**

Submitted by:

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TCRC Ethics Council

Purpose: to assist TCRC in addressing internal ethical issues, making recommendations to enhance and support alignment with our Code of Ethics and ideally acting as the conscience of TCRC.

Responsibilities: to perform ethical analysis on issues with an emphasis on ethical conduct which affects our organizational performance, to offer guidance and support in the application of ethics in decision-making, and to encourage our colleagues at TCRC to use ethical values and conduct in their interactions with each other.

Procedures: the Ethics Council will review matters of concern regarding the ethical implications of conduct, policy and decisions within TCRC. The following procedures will be followed when reviewing issues/concerns brought forth:

1. An issue may be referred to any member of the Council (see below for members).
2. Issues must be presented in written summary format (suggested one page maximum). The summary should include a brief description of the issue of concern and the values in our Code of Ethics that may have been compromised. All referred issues must be signed. *The members of the Ethics Council are committed to maintaining the confidentiality of any colleague making a referral.* (If you are uncertain whether to refer an issue, you may consult any of the members)
3. All issues/concerns will be reviewed by the Council.
4. After review, if the Council determines the issue/concern falls outside of its purview it will be referred back with alternative recommendations
5. The Council's review may consist of an interview with the referring staff and other relevant staff members and review of pertinent documentation
6. The referring party will be notified in writing of the Council's findings and recommendations
7. The Council will submit its findings and recommendations to the appropriate decision-maker or decision-making body
8. All findings/recommendations will be distributed to staff via email and the intranet bulletin board.

The Council **will not** consider issues that are addressed within the TCRC/SEIU agreement or with policies, procedures and decisions that one is in disagreement with but was/is carried out consistent with the values in the Code of Ethics.

Ethics Council Members:

Pamela Crabaugh	Services and Supports	Atascadero
Darcy Bishop	Services and Supports	Atascadero
Marianne Culver	Services and Supports	San Luis Obispo
Jennifer Dwyer	COD/Peer Advocate	San Luis Obispo
Jean Holmquist	Services and Supports	Santa Maria
Anoushka Delsame	Services and Supports	Santa Barbara
Michael Nagel	HR/Administration	Santa Barbara
Dominic Namnath	Information Systems	Santa Barbara
Liz Aced	COD/Quality Assurance	Oxnard
Steven Graff	Clinical	Oxnard/Simi Valley

Tri-Counties Ethics Committee

Strategic Focus And Operating Guidelines

Table of Contents

I. Purpose of the Ethics Committee

- 1.1. Formation of the Committee
- 1.2. Vision
- 1.3. Mission
- 1.4. Values
- 1.5. Responsibilities

II. Tri-Counties Code of Ethics

III. Committee Composition

- 3.1 Current Members
- 3.2 Committee Make Up and Terms of Service
- 3.3 Qualifications
- 3.4 Filling Committee Vacancies

IV. Committee Policies

- 4.1 Conflict of Interest Policy
- 4.2 Confidentiality
- 4.3 The Golden Rule
- 4.4 Training and Development
- 4.5 Presentation of Issues by Members of the Community
- 4.6 Ethics Committee Initiation of Issues/Topics to Address
- 4.7 Building Awareness of the Ethics Committee

V. Appendix

- 6.1 Notice of Intent Form
- 6.2 Case Study Evaluation Form
- 6.3 Ethics learning questionnaire.

I. Purpose of the Ethics Committee

1.1 Formation of the Committee

The Tri-Counties Ethics Committee was formed in May 2004 as a vehicle for facilitating ethical conduct and decision-making amongst organizations and individuals working on behalf of people with developmental disabilities in the Tri-Counties area. The suggestion for the formation of the committee came from Anita Bock, a consultant who facilitated the first Ethics workshop in the area.

1.2 Vision

The Ethics Committee proactively and successfully promotes ethical conduct and behavior amongst individuals and organizations working on behalf of people with developmental disabilities in the Tri-Counties area.

1.3 Mission

To promote the development and application of a community code of ethics; to foster effective communication channels amongst stakeholder groups; to clarify the application of ethics; to identify training and education opportunities around ethical policies, values and conduct

1.4 Values

Trustworthiness, respect, responsibility, fairness, caring, civic duty

1.5 Responsibilities

To perform ethical analysis on issues with an emphasis on ethical conduct, which affects the developmental disabilities system of care; to offer guidance and support to individuals in the application of ethics in decision-making; to encourage community members to use ethical policies, values and conduct in their interactions and dealings with each other

II. Tri-Counties Regional Center Code of Ethics

Tri-Counties Regional Center pledges to set the standard for professional conduct by acting ethically and with integrity in all matters. We know that acting ethically builds credibility, both within our organization and throughout the community within which we operate. The Board of Directors and all employees are committed to making TCRC an organization that delivers the highest possible value for the people we serve and our community. We will accomplish this with integrity by:

- Saying what we mean and meaning and doing what we say in a manner consistent with the values below
- Applying this standard to make a positive difference in the lives of the people we serve, and thereby in the lives of their families, our staff and our community partners
- Living by the values in our Code Of Ethics:

1. Values:

TCRC aims to be a leader in setting the standard for ethical conduct by fully subscribing to the established codes of ethics for the relevant professions in our field, and by adhering to and applying the following core ethical values:

- ***Trustworthiness***
We will be truthful, honest and forthright in all our dealings with one another and with the people we serve, their families, and our community partners. We will be sincere and candid and have **integrity** in all our dealings. We will be reliable and avoid unclear and unwise commitments and bad faith excuses.
- ***Respect***
We will treat one another with dignity and fairness, appreciating our diversity and the uniqueness of the people we serve, our employees, and our community partners. We will be civil, courteous, and decent, and we will exercise authority in a responsible way. We will tolerate differences of opinion and belief. We will honor the time of others as much as our own, and we will acknowledge the inherent worth and dignity of all people.
- ***Responsibility***
We will be accountable, and we will support people in having the highest **quality of life** possible by promoting **choice, freedom and independence** with consideration for their health and safety. We will be committed to **organizational excellence** by providing and exhibiting leadership in our field, by ensuring that we act with diligence in all we do, by seeking ways to improve our work, by modeling **collaboration** and **teamwork**, and by producing and delivering person served-driven

services with expected outcomes in a timely manner at a fair cost. We will be current in our professional knowledge and thorough in our work. We will honor our commitments, and show self-restraint when necessary.

- ***Fairness***

We will **respect** and protect individual rights, and treat all people equally. We will follow all laws and regulations. We will have an open, impartial and prompt dispute resolution process. We will be fair and impartial in our dealings with the people we serve, our employees, and our community partners. We will report concerns, including violations of laws, regulations, ethical values and organizational policies, and we will seek clarification and guidance when in doubt.

- ***Caring***

We will show care, **compassion** and empathy towards the people we serve and their families, and have a genuine concern about the welfare of our co-workers and community partners. We will show gratitude, appreciation and support for each other. We will admit our mistakes and resolve to avoid similar mistakes in the future. We will return gestures of reconciliation.

- ***Civic Responsibility***

We will work in partnership with our partners in service to our community. We will make **family and community** paramount, and we will act with pride and confidence in our community as representatives of TCRC.

Further, we will:

2. Uphold the Law:

By conducting our business dealings in accordance with all applicable laws and regulations, recognizing that compliance with the law does not comprise our entire ethical responsibility, rather, it is a minimum, absolutely essential condition for the performance of our duties.

3. Promote a Positive Work Environment:

By doing our best, with the help of all our staff, to create a workplace where employees feel respected, satisfied and appreciated. Harassment or discrimination of any kind and especially involving race, color, religion, gender, sexual orientation, size, age, national origin, disability, political affiliation, and veteran or marital status is unacceptable in our workplace environment. Providing an environment that supports the values articulated above makes the achievement of excellence possible. While everyone who works for TCRC will contribute to the creation and maintenance of such an

environment, our executives, managers and our Board assume responsibility for fostering a context for work that will bring out the best in all of us.

4. Promote a Safe Work Environment:

By being committed to providing a drug-free, safe and healthy working environment. Each of us is responsible for compliance with environmental, health and safety laws and regulations and for reporting violations of such laws and regulations.

5. Avoid Conflicts of Interest:

By avoiding in practice or appearance favoritism, influence, or activity that might impair or appear to impair our ability to make fair and objective decisions and judgments while performing our work. By disclosing personal or professional relationships that may present a conflict of interest.

6. Maintain Confidentiality:

By maintaining accurate and complete records, by making entries into case and other records that reflect the desires and preferences of the people we serve or are in partnership with. By avoiding in practice or appearance any misrepresentation of facts or any falsification of records, and by understanding that to compromise confidentiality is illegal, that to misrepresent, withhold or falsify information is unethical and may be illegal, and that to hide behind confidentiality to avoid accountability is also unethical.

7. Address Conduct Inconsistent with Our Code of Ethics:

By remaining constant in promoting the values, principles and intent of the Code and by actively involving the TCRC Ethics Council whenever a lack of clarity or conflict with the Code is perceived.

We will apply our Code of Ethics to the people we serve and to their families, to our co-workers and employees, to our community partners, to our governing authorities and our funding agencies, and to the community-at-large.

Implemented July 9, 2004

III. Committee Composition

3.1 Current Members

LesleyAnne Ezelle, Executive Director, Area Board 9
Frank Bush, Director of Services and Supports, TCRC designee
Jody Barker, TCRC person served
Sandra Aldana, Community Member
Shanti Nadiminti, TCADD Board designee and parent
Rick Hummel, VAC President designee
Michael Nagel, Director of Human Resources, TCRC

3.2 Committee Make Up and Terms of Service

- There will be a maximum of nine members on the committee.
- The committee will seek participation from TCRC, the provider community, the Area Board, the TCADD Board, a supported individual of TCRC and a family member from one of the three counties served by TCRC.
- There will be five permanent seats on the committee: CEO of TCRC or designee, VAC Co-chair or designee, Executive Director of Area Board 9 or designee, TCADD Board President or designee, a supported individual of TCRC.
- The additional seats on the committee include a second representative from TCRC, a second representative from the VAC, a second supported individual and/or a second community member.
- Each of the standing committee members can serve on the committee as long as they remain in their positions that qualify them as a standing member. The balance of committee members will be invited to serve for one year, beginning with the fiscal year in July.
- The Committee will have a Chair or Co-Chair if desired. The term of office will be one year and can be renewed for additional years with the majority vote of the members of the committee.

3.3 Qualifications

- Committee members will receive and read Making Ethical Decisions by Michael Josephson.
- In order to serve on the committee, an individual must complete a written ethics learning guide. (See appendix.)
- Committee members will be committed to the values identified in the Tri-Counties Regional Center Code of Ethics and will model ethical conduct and behavior.
- Members must pledge to respect and maintain confidentiality of topics and issues discussed in the Ethics Committee.
- Committee members will take advantage of opportunities for relevant training and suggested readings as available.

3.4 Filling Committee Vacancies

- The committee will accept recommendations for committee membership from community stakeholders and committee members as openings become available.

IV. Committee Policies

4.1 Conflict of Interest Policy

Should a matter be brought before the Ethics Committee that involves a member of the Ethics Committee, said Member shall immediately disclose the conflict of interest and recuse himself or herself from the discussion.

4.2 Confidentiality

All matters coming before the Ethics Committee shall be treated as confidential. Committee members have pledged to respect and maintain confidentiality. For this reason, committee members who will be absent from meetings will not be permitted to ask a peer, associate or other individual to sit in on his/her behalf. In addition, committee minutes will be distributed to members of the committee only.

4.3 Apply the Golden Rule of Ethics Code Application and Conflict Resolutions to Proceedings:

- Do no harm.
- Neutrality
- Empathy
- Honesty
- Clarity
- Humility
- Integrity
- Confidentiality
- Knowing when to withdraw
- Respect for both/all parties
- Adherence to the values of the code of ethics

4.4 Training and Development

- All members of the committee will read Making Ethical Decisions by Michael Josephson and complete a written ethics learning guide. (See appendix.)
- The committee may also suggest or sponsor ongoing training and development programs for the entire stakeholder group.

4.5 Presentation of Issues by Members of the Community

- If a member of the community wishes to bring a topic/issue to the Ethics Community for discussion, the individual must complete a notice of intent form and present it in writing (by email, USPS or fax) to the Chair or Co-chair of the committee.
- The Committee will review the issue and schedule a time for the discussion to take place. All parties named in an issue will be asked to participate in the discussion. The Committee recognizes this will not always be possible, however, in order for greater understanding and change to take place, representatives from both (or multiple) parties should be present.
- At the beginning of the discussion, a member of the committee will remind the parties of the values included in the Code of Ethics and the intent of the Committee (Golden Rule). The Committee's role is not to make decisions but to help the parties understand the ethical issues involved in a conflict and to try and resolve the conflicts using value-based relationships.
- Each side will have the opportunity to present its understanding of the issues. Members of the committee will listen and work to gather the facts, determine the intent of the parties, determine the conduct of the parties, identify the reaction of the parties, and understand the judgment of the parties.
- The Committee will then identify what ethical values were compromised or are in questions and help the parties to identify a desired outcome if one can be achieved. While it is not the committee's job to resolve the issue, the committee can suggest actions and recommendations.

4.6 Ethics Committee Initiation of Issues/Topics to Address

- From time to time, there may be larger systemic issues the committee chooses to address without any member of the community initiating the action.
- In this case, the Committee may work jointly with the stakeholder groups to collect data, analyze the situation, conduct workshops or focus groups and then develop a white paper or position paper on the subject.
- Examples of system issues include but are not limited to contract negotiations, rates, and program closures.

4.7 Building Awareness of the Ethics Committee

In order for the Ethics Committee to achieve its vision, it's important to build awareness of the committee and its purpose. To accomplish this goal, the committee will communicate via the TCRC website these guidelines and communications annually at the Vendor Advisory Committee (VAC).

V. Appendix

Notice of Intent Form (6.1)

About the Ethics Committee:

The goal of the Ethics Committee is to facilitate ethical conduct and decision making amongst organizations and individuals working on behalf of people with developmental disabilities in the Tri-Counties area. To accomplish this mission the members of the committee will promote the development and application of a community code of ethics, foster effective communication channels amongst stakeholder groups, clarify the application of ethics, identify training and educational opportunities around ethical policies, values and conduct. The responsibilities of the committee are to perform an ethical analysis of issues with an emphasis on ethical conduct, which affects our system of care, to offer guidance and support to individuals in the application of ethics in decision-making, to encourage community members to use ethical policies, values and conduct in their interactions and dealings with each other. The committee is not intended to replace or supplant the appeals process or be punitive in nature.

Date:

Your Name/Organization/Contact Information:

Name of Other Party/Organization/Contact Information:

Issue(s):

Facts:

Desired Outcome:

Values in Question:

Trustworthiness

We will be truthful, honest and forthright in all our dealings with one another and with the people we serve, their families, and our community partners. We will be sincere and candid and have **integrity** in all our dealings. We will be reliable and avoid unclear and unwise commitments and bad faith excuses.

Respect

We will treat one another with dignity and fairness, appreciating our diversity and the uniqueness of the people we serve, our employees, and our community partners. We will be civil, courteous, and decent, and we will exercise authority in a responsible way. We will tolerate differences of opinion and belief. We will honor the time of others as much as our own, and we will acknowledge the inherent worth and dignity of all people.

Responsibility

We will be accountable, and we will support people in having the highest **quality of life** possible by promoting **choice, freedom and independence** with consideration for their health and safety. We will be committed to **organizational excellence** by providing and exhibiting leadership in our field, by ensuring that we act with diligence in all we do, by seeking ways to improve our work, by modeling **collaboration** and **teamwork**, and by producing and delivering person served-driven services with expected outcomes in a timely manner at a fair cost. We will be current in our professional knowledge and thorough in our work. We will honor our commitments, and show self-restraint when necessary.

Fairness

We will **respect** and protect individual rights, and treat all people equally. We will follow all laws and regulations. We will have an open, impartial and prompt dispute resolution process. We will be fair and impartial in our dealings with the people we serve, our employees, and our community partners. We will report concerns, including violations of laws, regulations, ethical values and organizational policies, and we will seek clarification and guidance when in doubt.

Caring

We will show care, **compassion** and empathy towards the people we serve and their families, and have a genuine concern about the welfare of our co-workers and community partners. We will show gratitude, appreciation and support for each other. We will admit our mistakes and resolve to avoid similar mistakes in the future. We will return gestures of reconciliation.

Civic Responsibility

We will work in partnership with our partners in service to our community. We will make **family and community** paramount, and we will act with pride and confidence in our community as representatives of TCRC.

Other Considerations:

Uphold the Law

By conducting our business dealings in accordance with all applicable laws and regulations, recognizing that compliance with the law does not comprise our entire ethical responsibility, rather, it is a minimum, absolutely essential condition for the performance of our duties.

Promote a Positive Work Environment

By doing our best, with the help of all our staff, to create a workplace where employees feel respected, satisfied and appreciated. Harassment or discrimination of any kind and especially involving race, color, religion, gender, sexual orientation, size, age, national origin, disability, political affiliation, and veteran or marital status is unacceptable in our workplace environment. Providing an environment that supports the values articulated above makes the achievement of excellence possible. While everyone who works for TCRC will contribute to the creation and maintenance of such an environment, our executives, managers and our Board assume responsibility for fostering a context for work that will bring out the best in all of us.

Promote a Safe Work Environment

By being committed to providing a drug-free, safe and healthy working environment. Each of us is responsible for compliance with environmental, health and safety laws and regulations and for reporting violations of such laws and regulations.

Avoid Conflicts of Interest

By avoiding in practice or appearance favoritism, influence, or activity that might impair or appear to impair our ability to make fair and objective decisions and judgments while performing our work. By disclosing personal or professional relationships that may present a conflict of interest.

Maintain Confidentiality

By maintaining accurate and complete records, by making entries into case and other records that reflect the desires and preferences of the people we serve or are in partnership with. By avoiding in practice or appearance any misrepresentation of facts or any falsification of records, and by understanding that to compromise confidentiality is illegal, that to misrepresent, withhold or falsify information is unethical and may be illegal, and that to hide behind confidentiality to avoid accountability is also unethical.

Address Conduct Inconsistent with Our Code of Ethics

By remaining constant in promoting the values, principles and intent of the Code and by actively involving the TCRC Ethics Council whenever a lack of clarity or conflict with the Code is perceived.

Case Study Evaluation/Issues Analysis Worksheet (6.2)

Intent of the Ethics Committee:

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Names/Organizations/Contact Information for Each of the Parties:

Issue(s):

Facts Presented By Each Party:

Desired Outcome:

Analysis/Discussion:

Intent of the Parties:

Conduct of the Parties:

Reaction of the Parties:

Judgment of the Parties: (Use of information/reasoning)

Values in Question:

Trustworthiness

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Respect

We will treat one another with dignity and fairness, appreciating our diversity and the uniqueness of the people we serve, our employees, and our community partners. We will be civil, courteous, and decent, and we will exercise authority in a responsible way. We will tolerate differences of opinion and belief. We will honor the time of others as much as our own, and we will acknowledge the inherent worth and dignity of all people.

Responsibility

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Fairness

We will **respect** and protect individual rights, and treat all people equally. We will follow all laws and regulations. We will have an open, impartial and prompt dispute resolution process. We will be fair and impartial in our dealings with the people we serve, our employees, and our community partners. We will report concerns, including violations of laws, regulations, ethical values and organizational policies, and we will seek clarification and guidance when in doubt.

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Civic Responsibility

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Other Considerations:

Uphold the Law

By conducting our business dealings in accordance with all applicable laws and regulations, recognizing that compliance with the law does not comprise our entire ethical responsibility, rather, it is a minimum, absolutely essential condition for the performance of our duties.

Promote a Positive Work Environment

By doing our best, with the help of all our staff, to create a workplace where employees feel respected, satisfied and appreciated. Harassment or discrimination of any kind and especially involving race, color, religion, gender, sexual orientation, size, age, national origin, disability, political affiliation, and veteran or marital status is unacceptable in our workplace environment. Providing an environment that supports the values articulated above makes the achievement of excellence possible. While everyone who works for TCRC will contribute to the creation and maintenance of such an environment, our executives, managers and our Board assume responsibility for fostering a context for work that will bring out the best in all of us.

Promote a Safe Work Environment

By being committed to providing a drug-free, safe and healthy working environment. Each of us is responsible for compliance with environmental, health and safety laws and regulations and for reporting violations of such laws and regulations.

Avoid Conflicts of Interest

By avoiding in practice or appearance favoritism, influence, or activity that might impair or appear to impair our ability to make fair and objective decisions and judgments while performing our work. By disclosing personal or professional relationships that may present a conflict of interest.

Maintain Confidentiality

By maintaining accurate and complete records, by making entries into case and other records that reflect the desires and preferences of the people we serve or are in partnership with. By avoiding in practice or appearance any misrepresentation of facts or any falsification of records, and by understanding that to compromise confidentiality is illegal, that to misrepresent, withhold or falsify information is unethical and may be illegal, and that to hide behind confidentiality to avoid accountability is also unethical.

Address Conduct Inconsistent with Our Code of Ethics

By remaining constant in promoting the values, principles and intent of the Code and by actively involving the TCRC Ethics Council whenever a lack of clarity or conflict with the Code is perceived.

Recommendations/Next Steps:

Members of the Committee:

Date:

Anna's Plan



What are some great things about Anna?

- ☆ Loves to give hugs and smiles lots
- ☆ A good daughter
- ☆ Friendly with people at home and in the community
- ☆ Happy
- ☆ Lots of fun
- ☆ A very loving person
- ☆ Resilient
- ☆ **The way she makes each one of her friends feel important and lets them know she really loves them**
- ☆ **Her enjoyment in helping others**
- ☆ **Her willingness to help**
- ☆ **Her sense of humor.**
- ☆ **Her ability to compromise.**
- ☆ **She is very fun and good spirited on a good day.**

What is Important to Anna?

Visits and phone calls with her mother and her mom's husband, Her friends, Being praised when doing well, her house mates and friends at day program, Barney, Barney videos, morning coffee (decaf), favorite clothes (pink), reading books, toy cell phone, calling friends on the phone, going out to eat (McDonalds or Pizza), going shopping (Dollar Store/Goodwill), stickers, "my babies" (stuffed animals), pictures

in her room, playing ball toys, puzzle, basketballs, baseballs, footballs, animal stickers on her window, cell phone, magnet letters, blocks, my purse, TV, connect four, coffee, going to the doctor's, playing on the swings and slide, listening to the radio/CD player, looking pretty, crayons, books, her room and roommate, Poster, horses, flowers, having/earning money. Having control. having

What we need to know / do to support Anna

If her initial response to a request or prompt from staff is a resounding NO!, do not continue to prompt. Give her a few minutes to process the info. Often, she will comply without further prompts. If she hasn't responded after a few minutes, re-request and explain why. If you do not allow her process time, if you direct her, get into a power struggle, things will go badly.

Never underestimate her sense of



Important to Anna continued:

Anna likes to be a helper in a variety of tasks, both at day program and at home. At her day program Anna enjoys being on the SLO Crew. Anna loves to play games, puzzles, card games, watching Barney and playing Bears Rainy Day (computer program). Being acknowledged by the people around her is very important to Anna.

Some of Anna's favorite things at home are: Help with cooking and chores, going to church, any kind of shopping, walks, phone calls, and dancing, playing with puzzles and games, flash cards, and going to McDonald's. She likes to help with dinner and chores. She enjoys going for walks to see animals and she likes attention from staff. She expresses a desire to go bowling. She really liked the horseback riding. She likes the swing set at the park and playing with her babies (stuffed animals). She loves to go out in the community; it doesn't matter where. She likes to sleep in on weekends and nap when she can. I think she likes to see the reaction of staff with bad or good behavior. She likes playing ball and Frisbee.

Anna likes music. Anything with a beat, anything she can dance to or sing along with, i.e. disco, pop, children's music, kid-like, sing-alongs. Anna likes all kinds of music. She likes to dance, too.

Food Anna Likes: carrots, peanut butter, noodles, pizza, soda, coffee, McDonald's, green salad, any pasta with butter and garlic.

Important For Anna:

To have staff follow her behavior plan, be around her favorite people, to have a lot of activities, to be kept busy, to be heard and listened to, to maintain her weight and eat healthy, to get her prescribed medications, regular health care visits, appointments with health care providers who know her, to have a written behavior plan and how to respond to behavior issues, consistent routine.

Additional information:**How does Anna like to be approached and talked to?**

She likes lots of attention and if she doesn't get that attention there is no point in talking to her because she ignores you. She does like to be talked to as a young adult but if she does not get her way she shuts down with any working staff and then she acts like a 5-7 year old. Usually she loves to be approached with some type of physical contact (like a hand shake or pat on the back).

What type of a re-direction works best for Anna?

Explain to her why it may not be in her best interest; offer her an alternative. Sometimes repeating back to her what she stated helps, i.e., "I want noodles", "I understand Anna, you want noodles". Validation. Get her attention focused on something else. It could be a snack that she likes; to play games and puzzles; and not going

out on an outing. Re-direction for Anna is a fun alternative; such as playing ball outside or a puzzle or some kind of activity that she enjoys and that involves individual attention.

How does Anna communicate with you? (Her wants, thoughts emotions, etc.)

Anna is pretty clear with her needs when they are material, i.e. food, drinks, wants to go to bed, and wants to shop. However, she has difficulty communicating emotion. She usually conveys emotion by hitting others, yelling and SIB behavior. She talks a lot. She uses very good words, but like a little girl. Usually when Anna wants something she's more apt to be "touchy-feely", and when she gets a negative response her "love, touchy, feely" turns to hitting (SIB or an aggressive act toward staff or another client).

What should other's know about supporting Anna well?

Anna likes to assume the role of staff and directs her roommates. This is discouraged. Remind Anna she only needs to worry about Anna. She'll probably yell "No!" to this re-direction. Don't give her more information at this time. It will further escalate her. Try to involve her in something else.

Explain to Anna reasons why she can't have something or why you'd like her to do something. Can there be a compromise? Offer an alternative. Validate her feelings, emotions and desires even if you don't agree. All the staff has to work together. Whoever is working with Anna should be the only one speaking or offering direction to Anna. The rest of the staff is there for your support if needed. Anna loves to play with puzzles and watch Barney and she is most of the time re-directed to these activities, and sometimes can be coaxed outside to play ball. If you are supporting staff and Anna has been re-directed to her room, then every few minutes you should check on the staff that is in the room with Anna. Teamwork is the key.

Do not give Anna hugs. If she gets a hug from one staff and not from another she's more prone to act out to get attention.

Don't give in. Anna is a master of the art of getting her way. She knows how to push until you give up or give her what she wants. If she knows (with consistency) you won't give in to her; she'll push less.

Keep her busy. Anna will have no trouble concentrating on something she likes to do. If she's kept busy she is less prone to have inappropriate behavior.

Give choices/rewards/praise. Anna is better with accepting something if given a choice between one thing or another. A reward is useful when Anna has had a good day or calmed herself. Rewards are not to be given as re-direction. Praise her for something she did well.

At all times – follow Anna's behavior plan. The plan is there to help and teach Anna. Without the consistency of using her behavior plan, Anna could lose all the progress she has made.

Anna can often be re-directed to a task she is working on with an immediate prompt. Anna lets you know when she is done though verbal and body language.

When Anna is acting out it is necessary to explain to her what she is doing wrong and what she needs to do to make it better. It will be a lot easier for her and for staff when you talk to her.

Anna is very capable of doing a lot of things by herself. If she doesn't know how to do something, then show her. A lot of times she will want you to do something for her that she already knows how to do in order to get attention from you. Give Anna lots of attention and praise when she accomplishes a task by herself so she can learn this is also a great way to get attention.

Anna enjoys working and being rewarded or paid for her work. She enjoys saving the money she earns to buy stickers and other favorite items.

Anna is taken once every other month by staff to see her mother in Santa Maria so they can visit and hang out. This is something that always makes her happy.

When routines aren't followed by peers Anna will get frustrated and may try to correct them.

What would be a good day for Anna?

Walking at her leisure, drinking coffee (decaf) with favorite staff, pancakes and sausage for breakfast, watching Barney video for a while, Nice smelling shampoo, phone calls from mom, or friends, wearing her favorite sweater (pink), having her toy cell phone in her pocket, peanut butter and jelly or cheese sandwich for lunch, playing basketball at home or the park, playing on the swing and slide at the park, collecting sea shells at the beach, visiting a pet store or animal shelter, shopping at the dollar store or Goodwill, having a one-on-one outing with favorite staff, visit with her mom and step-father, noodles for dinner or going out to eat (McDonalds chicken strips or Pizza), having hot coco, having only the hall light on at night, waking up briefly to say hi to the night staff.

What would be a bad day for Anna?

Being woken up too early, running late and being hurried, Cheerios for breakfast, no coffee, favorite staff are off or have left CARE, having seizures / falls, lunchmeat sandwich, no recent visits with mom, waiting to call mom, outing is cancelled, milk not soda for dinner, staff are inconsistent in following the 'no hugs rule' or other parts of Anna's behavior plan, can't find Barney video, can't find toy cell phone, repeated prompts from staff. Noisy roommates. A busy and impatient staff. Noodles are not on the menu. Requiring lots of re-direction. Hitting roommates. Being put in a hold when she is very noncompliant and hitting peers and staff, When staff say no! when no staff are paying her attention, not getting what she wants, i.e. hugs, certain foods, soda, etc.

When was the plan developed:

Date(s): 9-19-2008

Where was the face-to-face meeting held?

Carrows Restaurant

What part did Anna play in making this plan?

Anna attended her planning meeting shared photos of her favorite things and cooperated with CARE staff in developing the information in this plan.

Who else helped?**LEGAL STATUS**

<i>Is Anna conserved/under guardianship?</i> () <i>Yes</i> (<input checked="" type="checkbox"/>) <i>No</i>		
<i>Are legal court documents in the file?</i> () <i>Yes</i> () <i>No</i>		<i>Last review date:</i>
<i>Conservator:</i>		() <i>full</i> () <i>limited</i>
<i>Address:</i>		
<i>Phone:</i>	()	() person () estate

<i>MEDICAID WAIVER:</i> (<input checked="" type="checkbox"/>) <i>Yes</i> () <i>No</i>

IPP SERVICES AND SUPPORTS AGREEMENT**1. Desired outcome:**

- () Family Support Plan Outcome
- () Outcome addresses MEDICAID Waiver qualifier(s)

Anna will continue to be in good health and will receive needed health care services.

What's happening now?

Anna is currently under treatment for a mixed seizure disorder (Dr. Smith) and for impulse control/behavior management issues (Dr. Lisiak). She is otherwise in good health and receives primary medical care through Community Health Care Centers (CHC). Primary dental care is with Dr. Dalia Michaels. She received dental care in a hospital under anesthesia. Anna has recently lost her upper and lower front teeth following falls due to seizures. She wears a helmet to prevent head injuries in falls.

What needs to happen?

Medical and dental care service will continue to be funded by Anna's Medi-Cal insurance. CARE staff will continue to assist in arranging for needed health care and following up on health care services as recommended by Anna's health care providers. The TCRC service coordinator will work with Anna's dentist, and CARE staff to look for possible funding sources for replacement of her missing teeth.

Timeline:

- *Estimated Start Date: Ongoing*
- **Outcome Review Date:** Quarterly
- **End Date:** 9-2011

Funding source: Health Care services will be funded by MediCal/Cencal

2. Desired outcome:

- () Family Support Plan Outcome
- (X) Outcome addresses Medicaid Waiver qualifier(s)

Anna participates in a variety of social/recreational activities she enjoys in her home and in the community. Anna avoids behaviors that interfere with her ability to participate in these activities.

What's happening now?

Anna enjoys a wide variety of social/recreational activities at home and in the community. (See important to Anna above). Anna likes interacting with friends old and new and loves to be the center of attention. Anna occasionally comes into conflict with her peers at home often resulting from a competition for staff attention. These conflicts occasionally escalate to physical aggression and property destruction. When Anna becomes this agitated Anna cannot be re-directed and she will strike out at anyone in the area and destroy property in the area. A positive behavioral support plan has been effective in reducing these behaviors. Anna is most likely to fall back on these negative behaviors when staff are inconsistent in following her positive behavior support plan. Medications prescribed by her psychiatrist, Michael Lisiak MD, assist Anna in managing her anxiety levels and behavioral outbursts. Anna has been averaging 10 recorded episodes of aggressive behaviors month at home in the last three months.

What needs to happen?

CARE DTAC staff and residential staff will attempt to divert Anna from aggressive behaviors and property destruction by engaging her in activities that she enjoys. CARE staff will continue to refine and implement a behavior management plan in consultation with Dr. Hewitt, behavioral psychologist. New staff working with Anna will be given training on the plan before working with her. CARE staff will encourage each other to be consistent in application of the plan. TCRC will continue to fund up to 5 hours of psychiatric consultation annually to be provided by Dr. Michael Lisiak. TCRC will continue to fund Safety Alert to provide 24-hour crisis intervention services to support CARE staff when needed in helping Anna manage her behaviors.

VI. Timeline:

- *Estimated Start Date: ongoing*
- **Outcome Review Date:** quarterly
- **End Date:** 9-2011

Funding source: CARE residential services funded by Anna's SSI and TCRC supplement, Psychiatric consultation funded by TCRC, Safety Alert funded by TCRC.

3. Desired outcome:

- () Family Support Plan Outcome
- () Outcome addresses Medicaid Waiver qualifier(s)

Anna looks nice when going out into the community and at home so that she can make new friends and feel proud of herself.

What's happening now?

Anna likes looking nice. To Anna that means wearing something pink preferable one of her favorite sweaters. Anna likes to use scented shampoo that makes her hair smell nice. Anna needs monitoring, prompting, training and occasional assistance to complete personal hygiene tasks so that she always looks nice. Anna needs support in choosing clothing that is not torn or soiled and making sure some of her favorite things are clean and available to wear each day.

What needs to happen?

CARE staff will support Anna in going shopping when needed for nice clothes that Anna likes and scented shampoo. CARE staff will continue to support Anna in completing personal hygiene tasks and dressing in appropriate clothing that she enjoys.

VII. Timeline:

- *Estimated Start Date: ongoing*
- **Outcome Review Date:** quarterly
- **End Date:** September 2011

Funding source: CARE residential services funded by Anna's SSI and TCRC supplement

4. Desired outcome:

- () Family Support Plan Outcome
(X) Outcome addresses Medicaid Waiver qualifier(s)

Anna has the opportunity to participate in community and center-based social/recreational and volunteer work activities that she chooses and enjoys. Anna will have the opportunity to explore new community and center-based activities she may enjoy.

What's happening now?

Anna currently enjoys participation in a variety of community and center-based activities (See what else is important to Anna above) with support from CARE DTAC.

What needs to happen?

TCRC will fund CARE to provide tuition and transportation for Anna to attend CARE DTAC five days a week. CARE DTAC staff will provide Anna with the ability to choose from a variety of community and center-based social/recreational and volunteer work activities that she enjoys. CARE DTAC will provide support needed for Anna to successfully participate in those activities including praise when she does well. Re-direction and prompting verbal and if needed, physical to avoid behavior problems incompatible with the chosen activities.

VIII. Timeline:

- *Estimated Start Date: Ongoing*
- **Outcome Review Date:** Quarterly
- **End Date:** September 2011

Funding source: TCRC

5. Desired outcome:

- () Family Support Plan Outcome
() Outcome addresses Medicaid Waiver qualifier(s)

Anna's public benefits will be maintained and used to provide for her essential needs.

What's happening now?

Payeeship services are currently being provided by Trust Management Services (TMS) and the Personal and Incidental (P&I) portion of Anna's benefits are managed by CARE

What needs to happen?

TCRC will continue to fund TMS to provide ongoing payeeship services. CARE staff will continue to assist Anna in managing her P&I funds.

IX. Timeline:

- *Estimated Start Date: Ongoing*
- **Outcome Review Date:** Quarterly
- **End Date:** September 2011

Funding source: TCRC to fund payeeship services from TMS

Plan will be reviewed: Quarterly

New IPP to be completed: September 2011

xc: CARE Carmelita, CARE DTAC,